

U.S. Department of Justice
Immigration and Naturalization Service

Medical Certification for Disability Exceptions

Part I. THIS SECTION TO BE COMPLETED BY APPLICANT (please print or type information)

| | | | |
|--------------------------------------|---------------------------|----------------------------------|--|
| Last Name Almahmoudy | First Name MOAZ | Middle Name Atia | Alien Number 071-673-223 |
| Address 2011 East 18th St. | | | Social Security Number 382-19-3356 |
| City Erie | | State PA | ZIP Code 16510 |
| Telephone Number | | Date of Birth 07/01/33 | Gender male |

I, **MOAZ Almahmoudy** authorize **Stairways**
 (Applicant's Name) (Licensed medical doctor, doctor of osteopathy, or clinical psychologist)

to release all relevant physical and mental health information related to my medical status to the INS for the purpose of applying for an exception from the English language and U.S. civics testing requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28 U.S.C. Section 1746, that the information on the form and any evidence submitted with it are all true and correct. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. 1324c.

Signature **MOAZ** Date **06/07/05**

Part II. THIS SECTION TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR, DOCTOR OF OSTEOPATHY, OR LICENSED CLINICAL PSYCHOLOGIST (see Instructions)

Purpose of this Form: The individual named above is applying to become a United States citizen. Applicants for naturalization are required to learn and/or demonstrate knowledge of the English language, including an ability to read, write, and speak words in ordinary usage in the English language, as well as knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States. Individuals who are unable, because of a disability, to learn and/or demonstrate this required knowledge may apply for a waiver. The purpose of this form is to help determine whether your patient is eligible for this waiver.

Definition of Disability: An individual is eligible for this waiver if he or she is **unable** to learn and/or demonstrate knowledge of English and/or U.S. history and civics because of a physical or mental impairment (or combination of impairments). These impairments must result from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The impairment(s) must result in functioning so impaired as to render an individual **unable** to demonstrate the **required** knowledge.

NOTE: This **definition of disability** is **different** from the definition used by the Social Security Administration, Department of Veterans Affairs, or worker's compensation programs. If your responses do not address the applicant's disability for the purposes of naturalization, we will require the applicant to submit a revised or second form with the appropriate information.

Provide **all** of the following required information, using common terminology that a person without medical training can understand, with no abbreviations. Type or print clearly. Illegible and incomplete forms will be returned. If you need additional space to provide your answers, attach additional pages.

NATURE AND DURATION OF IMPAIRMENT(S)

1. (a) Based on your examination of the applicant, the applicant's symptoms, previous medical records, clinical findings, or tests, does the applicant have any impairment(s) that affect his or her ability to learn and/or demonstrate knowledge?

☒ Yes ☐ No **Note:** If you answer "No", applicant is ineligible for a waiver; please continue with Part II. 6.

- (b) Has the applicant's impairment(s) lasted or do you expect it to last 12 months or longer?

☒ Yes ☐ No **Note:** If you answer "No", applicant is ineligible for a waiver; please continue with Part II. 6.

- (c) Is the applicant's impairment(s) the direct effect of the illegal use of drugs?

☐ Yes ☒ No **Note:** If you answer "Yes", applicant is ineligible for a waiver; please continue with Part II. 6.

Applicant Name

Alien Registration Number

A-

DIAGNOSIS OF IMPAIRMENT(S)

2. (a) Provide your clinical diagnosis of the applicant's impairment(s) *and* describe the impairment(s) in terms a person without medical training can understand (*see Instructions for examples*).

Diagnoses: 1) Major Depressive Disorder with psychotic features
 2) R10 Schizophrenia Disorder
 3) R10 Post-traumatic stress disorder

- (b) Provide the relevant DSM-IV code(s) for each mental impairment that you described above. If a DSM-IV code does not exist, write "N/A."

1) 296.34
 2) 295.70
 3) 309.81

CONNECTION BETWEEN IMPAIRMENT(S) AND INABILITY TO LEARN/DEMONSTRATE KNOWLEDGE

The law requires that applicants for citizenship demonstrate (1) an understanding of the English language, including the *ability* to read, and speak simple words and phrases in ordinary usage; and (2) a knowledge and understanding of the fundamentals of U.S. history and civics. An applicant's *difficulty* in fulfilling the requirements is not sufficient to support a waiver. In addition, *illiteracy* in the applicant's native language is *not* sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

3. Based on your examination of the applicant, provide *detailed* information on the connection between the impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or U.S. history and civics (*see Instructions for examples*).

Note: This description should address the severity of the effects of the impairment(s) including the specific limitations that affect the applicant's ability to learn and/or demonstrate knowledge.

Pt has serious problem with depression, mood instability, anxiety, paranoia, auditory hallucinations, nightmares and flashbacks of past trauma in Iraq.

His symptoms are severe to the point of debilitation in everyday functioning, and learning a new language and history would be too formidable a task in this situation.

Applicant Name

Moaz Al-Mahmoudy

Alien Registration Number

A-

PROFESSIONAL CERTIFIED OPINION

The law requires that in order to be eligible for the disability exception, the applicant must be *unable* to fulfill the requirements for English proficiency and/or knowledge of U.S. history and civics. An applicant's *difficulty* in fulfilling the requirements is not sufficient to support a waiver. In addition, *illiteracy* in the applicant's native language is *not* sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

4. English Requirement

- (a) In your professional opinion, has the impairment(s) described above affected the applicant's functioning to such a degree that he or she is *unable* to learn and/or demonstrate an ability to speak, read, or write English?

☒ Yes ☐ No

- (b) If *Yes*, which of the following is the applicant unable to learn and/or demonstrate? (Check all that apply)

☒ Speaking ☒ Reading ☒ Writing

5. U.S. History and Civics Requirement

In your professional opinion, has the impairment(s) described above affected the applicant's functioning to such a degree that he or she is *unable* to learn and/or demonstrate knowledge of U.S. history and civics, even in a language the applicant understands?

☒ Yes ☐ No

BACKGROUND INFORMATION

6. Date of your most recent examination of the applicant (mm/dd/yyyy), 6/17/05

7. Is this your first examination of the individual?

- ☒ Yes If *Yes*, from whom does the applicant usually receive medical care (i.e., name of doctor/clinic; if the applicant does not have an ongoing source of medical care, please write "N/A")

He continues to receive treatment at Starways Behavioral Health

- ☐ No If *No*, for how long and for what conditions have you been treating the applicant? (If the conditions are the same as in Part II. 2, specify the length of time and write "Conditions -- Same as Part II. 2")

8. What is the nature of your medical practice? (e.g., family/general practice, internal medicine, psychiatry, cardiology)

Psychiatry

I certify, under penalty of perjury under the laws of the United States of America, that the information on the form and any evidence submitted with it are all true and correct. Upon consent of the applicant, I agree to release this applicant's relevant medical records upon request from the U.S. Immigration and Naturalization Service. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to criminal penalties under Title 18, U.S.C. 1546 and civil penalties under 8 U.S.C. section 1324c.

Signature

Sean Armo

Date

6/19/05

Type or print the following information:

| | | |
|---|--|------------------------------------|
| Last Name <u>Su</u> | First Name <u>Sean</u> | Middle Name |
| Business Address <u>Starways Behavioral Health</u> | City, State, ZIP Code <u>2910 State St., Erie, PA 16508</u> | Telephone <u>(814) 454-5686</u> |
| License Number <u>MD-052075-L</u> | Licensing State <u>PA</u> | |